

REQUEST FOR TYPE CLASSIFICATION EXEMPTION/LIN FOR COMMERCIAL EQUIPMENT For use of this form, see AR 71-32; the proponent agency is ODCSOPS		1. DATE
		2. TDA/JTA NUMBER
3. NAME & ADDRESS OF REQUESTING ACTIVITY		
SECTION I - REQUEST FOR EXEMPTION FROM TYPE CLASSIFICATION		
4. PROPOSED NOMENCLATURE		
5. EQUIPMENT FUNCTION AND REQUIRED CHARACTERISTICS		
6. LIN CONSIDERED AND NOT ACCEPTABLE FOR THE FOLLOWING REASONS		
7. DATE ITEM IS REQUIRED		
SECTION II - REQUEST FOR LIN		
8. FULL NAME OF MANUFACTURER		9. FSCM
10. ADDRESS OF MANUFACTURER		
11. MODEL NUMBER ASSIGNED BY MANUFACTURER	12. PART NUMBER ASSIGNED BY MANUFACTURER	
13. NSN <i>(if known)</i>	14. UNIT COST	
15. INFO ATTACHED: <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> MFG BROCHURE <input type="checkbox"/> DRAWING <input type="checkbox"/> SPECIFICATIONS <input type="checkbox"/> DD FORM 2051 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> PHOTOGRAPHS <input type="checkbox"/> COMMAND EQUIPMENT SURVEY APPROVAL </div>		
16. AMC EXEMPTION FROM TYPE CLASSIFICATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, ENTER USAFISA LOG NUMBER:		
17. REMARKS		
18. PERSON MOST KNOWLEDGEABLE WITH THE TECHNICAL REQUIREMENTS FOR THE ITEM		
a. NAME		b. PHONE NUMBER <i>(Commercial)</i>
c. ADDRESS		d. DSN NUMBER
19. NAME AND TITLE OF INDIVIDUAL RESPONSIBLE FOR ITEM	20. SIGNATURE	